## PATENT APPLICAT

## FEE DETERMINATION RECORD

Ef.

ve December 8, 2004

**Application or Docket Number** 

10/539775

ı		CLAIN	ns as file	D - PART	1									
U.S. NATIONAL STAGE FEES				lumn 1)	(Column 2)			SMALL TYPE	ENTITY	<b>-</b>	OR	OTHER THAN SMALL ENTITY		
۲	.s. NATION	IAL STAGE FEE	S				7	RATE	F	EE		RATE		
B.	ASIC FEE		SMALL E	SMALL ENT. = \$ 150		RGE ENT. = \$ 300	7	BASIC FEE	<del>- -</del>		ΔB	<b></b>		FEE
E)	MAMINATION	l FEE	Satisfies PC (4) = \$	T Article 33(1)- 50 / \$ 100	Al	other situations = \$ 100 / \$ 200	1	EXAM. FEE			OR	BASIC FEE		307
SE	EARCH FEE		U.S. is ISA ALL other	U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400		other situations = \$ 250 / \$ 500		SEARCH FE		$\dashv$		EXAM. FEE	-4	<del>)</del>
FE	E FOR EXT	RA SPEC. PGS.		minus 100 =		/ 50 =	1	<u> </u>		_		SEARCH FE		POL
го	TAL CHARG	EABLE CLAIMS	17	//minus 20 = .			1	X \$ 125 X \$ 25 =				X \$ 250	-	
NE	DEPENDENT	CLAIMS	1-17	minus 3 =				<b></b>		°		X \$ 50 =		
ΛU	LTIPLE DEP	ENDENT CLAIM	PRESENT			·		X \$ 100 :			OR	X \$ 200 =	:	
If the difference in column 1 is less than zero, enter "0" in column 2								+ \$ 180 =			OR	+ \$ 360 =		
in solution in siess than zero, enter "0" i						olumn 2		TOTAL			DR	TOTAL	4	1
		CLAIMS A			<b>CM</b> ALL			_	OTHER					
		CLAIMS REMAINING		(Column	îT	(Column 3)	ſ	SWALL	ENTITY		R -	SMALL	ENTI	ſΥ
	Takal	AFTER AMENDMENT		PREVIOUS PAID FO	USLY	PRESENT EXTRA		RATE	ADDI TIONA FEE			RATE	TÍC	DDI- DNAL EE
AWENDMENT A	Total		Minus	**		=		X \$ 25 =			R	X \$ 50 =	<del>                                     </del>	
	Independent		Minus	***		=	Ī	X \$ 100 =		01	╌┠╌	X \$ 200 =	<del>                                     </del>	
	FIRST PRE	SENTATION OF	MULTIPLE DEP	ENDENT CLA	MIA			+ \$ 180 =		OF	-	\$ 360 =	_	$\dashv$
							Ţ	OTAL ADDIT. FEE		OF	ينا	TAL ADDIT.		$\exists$
_		(Column 1)		(Column 2	?)	(Column 3)								
$\vdash$		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	Y	PRESENT EXTRA		RATE	ADDI- TIONAL FEE			RATE	ADE TION	IAL
	otal	* .	Minus	**		=		X \$ 25 =		OR	一	\$ 50 =	FE	_
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	FIRST PRES	ENTATION OF M	ULTIPLE DEPE	NDENT CLAI	 M		-	\$ 180 =		1	┢	\$ 200 =		4
ТО										OR OR	L	\$ 360 = AL ADDIT.		_
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lf ti	he entry in colu	Mn 1 is less than the	and a to the											I
		mn 1 is less than the mber Previously Paid mber Previously Paid							•					
	•	nber Previously Paid	FOL IN THIS SPA	CE is less than '	'3', en	nter "3".								

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.